Best Available Copy

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

017750-732

(Column 1) (Column 2)							SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			67					TE	FEE) [RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			C FEE		OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			67 minus 20=		* 47		X	S 9=		OR	X\$18=	846.00
INDEPENDENT CLAIMS			5 minus 3 =		* 2		X4	12=		OR	X84=	168,00
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT				+1	40=		OR	+280=	O
* If	the difference	in column 1 is	less than zero, enter "0" in column 2				TO	TAL		OR	TOTAL	1754,00
CLAIMS AS AMENDED - PART II									<u> </u>		OTHER	
(Column 1) (Column 2)						(Column 3)	SM	ALL	ENTITY	OR.	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	RA	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X	S 9=		OR	X\$18=	1
	Independent	*	Minus	***	T CL AIAA	-	X	12=		OR	X84=	
<u></u>	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	II CLAIM		+1	40=		OR	+280=	
								TOTAL T. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	ımn 2)	(Column 3)	ADDI					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA	R/	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X	9=		OR	X\$18=	
	Independent	*	Minus	***	IT CLAIM	=	X	42 =		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								40=		OR	+280=	
								TOTAL T. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	ımn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER YOUSLY D FOR	PRESENT EXTRA	RA	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X	§ 9=		OR	X\$18=	1
	Independent	*	Minus	***		=	X4	42=		OR	X84=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						 					-
+140=										OR	+280=	
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											